Hello, my name is Melissa Karvelis. I am a mother of four children. We have medical insurance through my husband's job which costs us $274 per month. This was the "affordable" plan for us but the coverage will hurt us terribly if we have any health issues this year. We have a $900 deductible that must be met. There is also a $1000 Maximum Well Care visit for children under the age of 2. I have been informed it is my responsibility to track that we do not go over that limit and if it is going to go over that limit, then I am supposed to go against the APA recommendations for medical care. Over the age of 2 that limit is $250 per year. As an adult female, that means that I am unable to get a physical with my primary care provider and an annual exam with my OB/GYN. I do not abuse our medical coverage as I use it when I feel it is necessary but try alternative treatments first. It is very distressing that I have to choose carefully what medical treatment I obtain for myself and my family and what I have to skip. Our emergency room coverage is even worse. We are only supposed to use an ER in a life threatening or life-altering situation. To me a possible broken bone on a Saturday morning would qualify but apparently it does not. I should have gone to an urgent care facility (which is not explained in my medical plan information) and I had never even heard of them before. I also didn't realize that as a parent I was supposed to be qualified to determine which area what emergency falls into. Also my choice of hospitals and urgent care facilities leaves me traveling more than 20 minutes in many situations. This is distressing for a service that costs my family $3562 per year before deductibles and co-pays and the like.

We had another experience recently where my husband was in a motorcycle accident. He was hit from behind and thrown from his bike. Thankfully he was okay but the emergency medical technicians determined that since he was thrown from the bike and rolled and slid more than 50 feet he should really be brought to the emergency room for an evaluation. Although he did not want to do this, we all decided this was in his best interest and so he went. The insurance company did not cover this visit as an emergency and we had to cover 20% of the costs instead of the $100 co-pay. Then it only covered a portion of the ambulance service because it was an out of network provider, as if he had any choice as to what service responded and as if he thought to ask. Granted all of this was covered by his motorcycle insurance since the driver who hit him was uninsured, but we still had all of these initial out of pocket expenses. Now we know, as paying insured people to question EVERYTHING prior to treatment, even though doing this can put us at risk for worse injuries delayed treatment.

I feel that every resident of the state of Connecticut should be able to obtain medical insurance and medical treatment at an affordable price. We shouldn't have to decide whether to fill a prescription or purchase cereal and milk for breakfast in the morning (Yes, I have been there and we are a solid middle-class family.). I also feel that we should not have to neglect preventative care because it is considered a well visit or if we do obtain this treatment, have to pay for large amounts of it out of pocket. I feel that alternative medicine should be covered, as many times it is less expensive to the caregiver and to the patient, therefore to the insurance company. It doesn't seem like there should be a question as to whether or not the residents of this state, the richest in the

nation, should have access to this. It seems that this would be in the best interest of all of us – the insured and the uninsured.

Melissa Karvelis
64 Michael Ave.
East Hartford CT
860-289-2280